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THE IMPACT OF SIMVASTATIN LAUNCHING ON EXISTING LIPITOR PATIENTS IN A MANAGED CARE SETTING

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OBJECTIVES: Lipitor is one of the most commonly prescribed statins in the United States. The approval of generic Zocor (simvastatin) by the Food and Drug Administration on 06/23/2006, brought about the question of how this product may influence the switching pattern on existing Lipitor patients. **METHODS:** A large employer based pharmacy claim database was used in this study from 01/01/2005 to 12/31/2006. The impact of simvastatin on existing Lipitor patients was evaluated as follows. The rate ratio was computed in order to assess Lipitor switching. Those patients who were exclusively on Lipitor from 01/01/2005 to 06/30/2005 were included in control group and those exclusively taking Lipitor between 01/01/2006 and 06/30/2006 were selected in study group. Patients in both groups were followed-up for an additional six months and their respective switching rates were computed and compared using Chi-square analysis. **RESULTS:** A total of 24,137 control group patients and 23,869 study group patients were identified from administrative pharmacy claims database. About 865(3.6%) patients in the study group and 632(2.6%) patients in the control groups switched to alternative statins after their respective follow-up periods. Study group patients were 1.4 times more likely to switch to alternative statins than control group patients ($P < 0.001$; 95% CI, 1.3–1.6). Specifically, the study group patients were 5.1 times ($P < 0.001$; 95% CI, 4.0–6.6) more likely to switch to simvastatin, and 2.0 times ($P < 0.001$; 95% CI, 1.5–2.6) more likely to switch to Crestor. In both groups, study group patients were 2.0 times ($P < 0.001$; 95% CI, 1.5–2.8) less likely to switch to lovastatin and 1.3 times ($P < 0.001$; 95% CI, 1.1–1.6) less likely to switch to vytorin. **CONCLUSION:** The results suggest that majority of the study group patients' tend to switch to simvastatin and their switching behavior could have resulted due to the fact that simvastatin became available as a generic version.

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PROFILES OF INITIAL DRUG THERAPIES AMONG NEWLY DIAGNOSED HYPERTENSIVE PATIENTS WITH NO COMPELLING INDICATIONS

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OBJECTIVES: Over a billion people globally and nearly 50 million people in US population suffer from hypertension. Evidences suggest that the initial drug of choice in clinical practice is different from JNC (Joint National Committee) guidelines. Timely treatment of newly diagnosed hypertensive patients is a key step to control the disease and hence the initial choice of drug becomes a crucial decision in the disease management. The study aims to describe the patterns of drug therapy initiation among newly diagnosed hypertensive patients and to compare the patterns between different hypertension severities. **METHODS:** The study is a retrospective analysis of newly diagnosed hypertension patients with SBP (systolic blood pressure) °Ý140 mmHg, or DBP (diastolic blood pressure) °Ý90 mmHg, with no recent history of hypertension and no compelling comorbidities. Newly diagnosed hypertensive patients were identified with high blood pressure in medical records along with no existence of hypertension drug therapy in the one year prior to the initial drug therapy. Drugs in pharmacy claims were identified using a proprietary drug database. **RESULTS:** A total of 169 patients were identified as study sample comprising of 88 males and 81 females. The percent who had stage 1 hypertension was 37.47% (64 patients). Diuretics was most frequent initial drug of choice in patients with stage 1 hypertension (45.32%, 95% CI: 37.81–52.82%) and in stage 2 hypertension (46.67%, 95% CI: 39.14–54.19%). Monotherapy was preferred over combination therapy in stage 1 hypertension patients (87.5%, 95% CI: 82.51–92.48%). Monotherapy was still preferred over combination therapy in stage 2 (73.34%, 95% CI: 71.23–80.00%) hypertension. **CONCLUSION:** Differences still exist in clinical practice and JNC guidelines with regards to initial drug of choice in newly diagnosed hypertensive patients with no compelling indications. More emphasis.

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PROJECTED COST SAVINGS COMPARISON TO MANAGED CARE ORGANIZATIONS FOR THE YEAR FOLLOWING GENERIC SIMVASTATIN AND PRAVASTATIN AVAILABILITY IN THE US

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OBJECTIVES: To estimate drug acquisition cost savings comparisons for managed care organizations (MCOs) with availability of generic simvastatin and pravastatin in the US. **METHODS:** A deterministic study ascertained potential cost savings for MCOs with availability of generic simvastatin and pravastatin. The study focused on patients requiring less substantial cholesterol reduction (<30% LDL-C reduction). National statin prescription sales (November 2004–October 2005) were obtained; dose interchange table was developed identifying statin switches providing LDL-C lowering effect within 10% of the entry drug. The study assumed all patients requiring an LDL reduction of <30% would switch from other equivalent statin doses to simvastatin 5 mg or pravastatin 10 mg daily. Two assumptions with four cost scenarios for generic simvastatin and pravastatin prices were tested: 15% rebate for branded statins, 50% discount rate for generics, and $5 generic and $15 brand co-payments (assumption 1) or 15% rebate for branded statins, 60% discount rate for generics, and $10 generic and $20 brand co-payments (assumption 2). Sensitivity analyses varying discount rates and co-payments for generic products were performed. **RESULTS:** Total baseline costs to MCOs for branded statins were $0.88B (assumption 1) and $0.80B (assumption 2) for patients eligible to switch to generic simvastatin and $0.78B and $0.69B, respectively, for patients eligible to switch to generic pravastatin. Switching patients to generic simvastatin lowered total costs to $0.53B and $0.32B, providing cost savings for TPPs of $0.36B and $0.48B. Switching patients to generic pravastatin changed total costs to $0.81B and $0.55B, generating cost expenditures of $0.03B and cost savings of $0.15B, respectively. **CONCLUSIONS:** With varying assumptions in the study, switching patients requiring less substantial cholesterol reduction to generic simvastatin generated substantial cost savings compared to generic pravastatin. Extended studies focusing on economic impacts on MCOs are encouraged to evaluate cost savings following availability of other generic and combination statin drugs.

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BLOOD PRESSURE CONTROL THROUGH PATIENT AND PHYSICIAN EDUCATION PROGRAMS

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OBJECTIVES: The purpose of this study is to assess the impact of patient and physician education on blood pressure control in